Surgery Newsletter

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CHAIR'S COLUMN

ALTERNATE FUNDING PLANS – A GLOSSARY OF TERMS

As the discussions surrounding alternate funding arrangements heat up, a new lexicon has emerged. For those deeply involved in the process, this lexicon has become familiar, but to the casual participant, like most surgeons, the language of AFP's can be confusing and frustrating. Like any culture, learning the dialect is an important ingredient in participating sensibly in conversation or negotiations. I have created a glossary of terms to the best of my ability. Wherever possible, I have attempted to avoid bias. I have not been so successful at avoiding the temptation to editorialize my deep convictions about our surgeons' contributions to society.

AFP - Alternate Funding Plan: AFP is a generic term for methods of physician payment that deviate from the existing payment structure for most Ontario physicians, that is payment on a fee for service basis.

APP - Alternate Payment Plan: APP is often used synonymously with AFP. However, an APP refers to the funds to pay physicians that are drawn from a source other than the approximately 18.4 billion dollars that has been set aside to pay physicians in Ontario through OHIP.

Bargaining Unit: The bargaining unit is that group of physicians negotiating for an AFP with the government. Examples of bargaining units include: physicians in a hospital, physicians in a hospital department, physicians in a certain specialty (e.g. transplant physicians and surgeons), physicians in a specific practice plan, physicians in a specific university department.

Clinical Coalface: A term coined by the Dean to refer, with respect, to physicians engaged primarily in clinical work. "Coalface" is a metaphorical British expression derived from the difficult and dangerous work miners perform at the exposed surface of coal in a mine. The spirit expressed is that we must not forget that the monies we refer to in the AFP discussions are largely the earnings of those at the "clinical coalface".

Conversion: Refers to an amount of money that is taken out of the OHIP pool and put into an APP pool, to be used to fund AFP's. In current discussions, this is being discussed as a percent of fee for service income that will be considered to be part of an AFP envelope of money. For example, currently (in Phase 1, defined below), a 10% conversion is being discussed. This implies that 90% of physicians' billings would return "automatically" to the one who billed, and 10% would be "converted" to a pool that would be redistributed according to a pre-agreed to formula.

Complexity: Refers to the difficulty of the clinical care delivered by a particular group. The issue of complexity has become an important flash point in the AFP negotiations. The central tenet of an AFP for an Academic Health Science Centre is that three basic considerations need to be taken into account

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when deciding on appropriate remuneration for academic physicians: First, the teaching they do; second, the research they are engaged in; and third, the fact that many academic physicians take care of the most challenging patients with the most complex diseases. The implicit principle is that physicians who take care of the most complex, unique and sickest patients are penalized financially for doing so by our current fee for service structure and schedule. Currently, the MOH plans to roll out the AFP in 3 phases. Compensation for complexity is a component of phase 2, and is not addressed in phase 1 of the proposed AFP agreement. In fact, the MOH currently does not have a method to measure complexity, but is working with hospitals to develop one.

Denominator: In calculating a potential distribution, the denominator refers to the number of physicians to be used to divide up the monies allotted. Specifically, the denominator means which group will be considered as beneficiaries of a set sum of money the government is referring to in its initial discussions. Generally speaking, the numerator, e.g. the "extra current dollars under consideration," is $75,000,000. This would theoretically be split among Academic Health Science Centres' physicians across Ontario (with the exception of Queens). Who is counted in that group? That number would define the denominator. In Toronto, we would not include HSC doctors as they are already in an AFP. Figures on the denominator for Toronto have varied significantly from a low of 1000 to a high of 3500. The reason for the extreme variation is the distinction between full time academic physicians and part time academic physicians, and who will be included in the AFP.

***Deliverables*:** The government is expecting an explicit articulation of what distributed monies are "paying for". Generally two classes of deliverables have been mentioned: an academic deliverable, including teaching, research, other forms of scholarship; and clinical deliverables, measured by patient days, ambulatory visits, and surgical procedures.

GFT - A Geographic Full Time Physician: This is an important designation, as there is much debate currently as to what constitutes a GFT physician. Currently, the issue is being discussed at the level of the University, and a major task force report has been written and is currently under discussion. The report can be found at: http://www.library.utoronto.ca/medicine/taskforces/clinicalFacultyReport.pdf

Governance Structure: The government will not want to operationalize an AFP with every physician or every practice plan. Rather, they would like to "contract" with a governance structure that would oversee the collection of funds, distribution of funds and reporting for a large group of physicians, such as a hospital. This structure would presumably have the mandate of negotiating with the government on behalf of its physicians, setting up dispute resolution procedures, effecting procedures for the flow of monies and developing a reporting relationship with the government *vis à vis* clinical and academic deliverables.

***Hot Spot*:** Refers to certain specialties or physician groupings where there is a perception that achieving that group's financial needs and requests is a priority. This priority status, perceived or real, generates from such issues as: gross underpayment with respect to the marketplace, making retention difficult; a group that is currently in great demand irrespective of their current compensation; a group doing work that is truly unique; and groups where the demand is high and the consequences of limited service is problematic. Groups that are often referred to as current "hot spots" include: anaesthesia, transplantation, neurosurgery, to name a few.

Horizontal and Vertical: These terms refer to two distinct models for government-physician negotiations. Horizontal negotiations are between the government and a group that represents a discipline across a city, university or province. An example of a horizontal AFP would be the arrangement made between the government and all of the academic gynecologic oncologic surgeons across the province. A vertical AFP, refers to an arrangement between the government and a specific hospital, such as the Hospital for Sick Children's AFP.

Income Benchmarks: There are good statistics kept by the MoHLTC and the OMA as to what the average income is for full time practicing physicians within a given specialty. Therefore, any physician or group of physicians can benchmark their earnings against a provincial average or indeed, determine the centile range they fall in for that specialty. Although, the MoHLTC has not been keen to use "percentile income" as a benchmark, those negotiating are acutely aware of the numbers. Many academic groups have argued that it is an outrage that our university doctors, who may be among the best and the brightest, doing most of the teaching and research and taking care of the sickest Ontarians, are among the lowest earners by specialty in the province.

MoHLTC - This is an abbreviation for the Ministry of Health and Long Term Care: This is the ministry responsible for OHIP and physician reimbursement and the group charged with negotiating AFP's. Importantly, this group is not responsible for provincial funding for training and education.

Phases 1,2 and 3 and The 75 Million: It was originally expected by many that the current wave of AFP negotiations would have resulted in an AFP with 100% conversion, such as the AFP reached by HSC and Queens University. However, it has become clear that the current amount of money that has been allocated to Academic Health Science Centres as additional "AFP monies" is $75,000,000. This is felt by almost all concerned to be a sub-optimal amount for full conversion across the 4 AHSC's and therefore the current plan being tabled is a three phased one: Phase 1 apportions the $75,000,000 in association with a small amount of conversion (10% is being discussed); Phase 2 involves potentially further additional monies, maturation of the governance structures and further augmentation of conversion, with additional compensation based on complexity of case mix; and Phase 3 is the final stage of a complete envelope of funding with 100% conversion.

Shadow Billing: This refers to the process of keeping track of exact clinical volumes as if one were being paid totally on a fee for service basis. The theory behind shadow billing is to provide the parties with data that would speak to augmentations or diminutions in clinical volume with respect to historical data.

A final word. There is no question that a properly structured AFP that would bring in substantial additional funds to our academic surgeons, is a goal worth striving for. Those who have been working extraordinarily hard as our advocates in negotiations with the government deserve our patience and support. The sustainability of the current system, especially for surgeons who are dependent on hospital resources, is in question. Further, our academic surgeons are engaged in work that is often non-remunerated, or under-remunerated. For our world-class Department of Surgery to thrive in the future, we will require a funding structure that acknowledges and rewards all of the important things that we do. As a surgical group we are the most highly trained specialists in the province. We make a unique level of surgical care available to Ontarians, and we are also committed to improving their future health through our dedication to teaching and research.

Richard K. Reznick

GALLIE DAY 2003

May 9, 2003

The Liberty Grand Entertainment Complex
Exhibition Place

Our annual Gallie Day honours Professor W. E. Gallie (Chair of Surgery 1929-1947) for his contributions to the advancement of Research and Education in the Department during his tenure as Chair. It is fitting, therefore, that the Day should feature and celebrate excellence in these areas. This year's Gallie Day events will take place on Friday May 9th at The Liberty Grand Entertainment Complex, Exhibition Place. In the morning, it will feature the Annual Gallie-Bateman competition where members of our Surgeon Scientist Program present their research work to the Department and compete for the annual prize. The afternoon will feature the Gordon-Murray lectureship, named after one the greatest surgical innovators in the history of this Department. This year's lecture will be delivered by Professor David L. Dunn, MD, PhD., Jay Phillips Professor and Chairman, Department of Surgery, University of Minnesota. Members of our faculty will complement this lecture by participating in a symposium entitled "Organs Off The Shelf – Feasibility & Ethics". We have a very diverse panel represented by Dr. D. van der Kooy from the Department of Medical Biophysics, Professor M. Sefton from the Department of Engineering & Applied Chemistry, Dr. A. Daar, Director of the Program in Applied Ethics & Biotechnology and Rev. Thomas Lynch, Dean of Studies from St. Augustine's Seminary. This year the annual research and teaching awards for the Department will be presented at the evening Dinner & Awards Presentation. You will be receiving your invitation in the next couple of days so please mark May 9, 2003 on your calendar and plan to attend this exciting event. We anticipate another outstanding scientific program and a festive celebration of our many academic achievements.

This year we will continue to host the poster session for presentation by residents participating in research in the Department but not presenting in the Gallie-Bateman competition. This will take place the evening before Gallie Day, and will include a competition for best poster and will end with a reception and presentation of the McMurrich Award and Wyeth-Ayerst Award

Please visit the Gallie Day website at: www.surg.med.utoronto.ca for further details.

Gallie Day Preliminary Program

Thursday, May 8, 2003
Medical Sciences Building, Stone Lobby

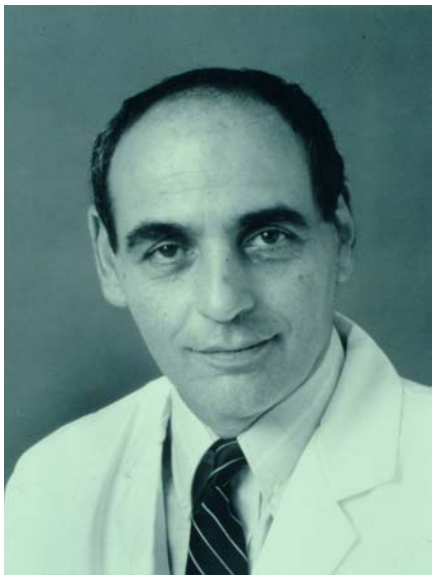
3:00 p.m.	Gallie Bateman Poster Session and Competition
5:00 p.m.	Presentation of McMurrich and Wyeth Ayerst Award

Friday, May 9, 2003
The Liberty Grand Entertainment Complex, Exhibition Place

8:00 a.m.	Opening Remarks – Dr. Richard Reznick Chair, Department of Surgery, University of Toronto
8:15 a.m. to 12:30 p.m.	Gallie-Bateman Research Presentations
12:30 p.m. to 2:00 p.m.	Lunch
2:00 p.m.	Gordon Murray Lecture
2:45 p.m. to 4:15 p.m.	Symposium – 'Organs Off The Shelf – Feasibility & Ethics'
7:00 p.m	Cocktails
8:00 p.m.	Dinner and Awards Presentation Gordon Murray Lecturer Professor David L. Dunn MD, PhD Jay Phillips Professor and Chairman Chief, Division of General Surgery Program Director & Director of Graduate Studies Head, Surgical Infectious Disease Department of Surgery, University of Minnesota

Professor David L. Dunn

A TRIBUTE TO BOB GINSBERG



Over 300 colleagues, friends, and former students of Bob Ginsberg gathered at the Windsor Arms Hotel in Toronto on February 8, 2003, to greet him, and to celebrate his outstanding career. One of the world's best surgeons, and its reference standard for excellence in thoracic surgical oncology, our Chairman of Thoracic Surgery enjoyed the affectionate, often humorous reminiscences provided by leaders in surgery, medical oncology, and radiation therapy who had worked with him over the past 30 years.

Shaf Keshavjee described his mentor and partner, emphasizing his loyalty, irreverence, unique gastronomical knowledge, warmth and rough exterior, in a moving personal tribute. Griff Pearson reminded us of Bob's humility, writing the NIH application that named Griff as Toronto's principal investigator in the Lung Cancer Study Group grant, and withdrawing his own candidacy for the Chair of Thoracic Surgery to assure that Joel Cooper would stay in Toronto as Griff's successor. He projected characteristically direct, often one word slides that Bob used to communicate his convictions on controversial or inappropriate treatments, e.g. "NO". Frances Shepherd recalled Bob's appearance in a gorilla costume at Christmas rounds, then told us how he carefully learned the nuances of chemotherapy in the oncology clinic, because he was convinced that surgery must be combined with other modes of cancer therapy to be effective against lung cancer.

Medical oncologist Kathryn Pisters from Houston and radiation oncologist Walter Curran from Philadelphia praised his contributions to organizing national and international multimodal cancer therapy trials. At a local level, Bob was a strong early

advocate of relocating the Princess Margaret Hospital to its aptly chosen present site on University Avenue. Joel Cooper described his contributions to thoracic surgical education, and Alec Patterson, who, along with Shaf, arranged the tribute, described in detail the importance of Bob's insistence on precision in the staging of lung cancer. Colleagues from across Canada and the United States, and some from as far as Brazil, France, Italy, and Japan, came to honor their friend.

Stricken by the disease he battled on behalf of other patients, Bob watched the program from his room at Princess Margaret, using the telehealth system. He and his family were pleased and grateful for the tribute, and the warm wishes of all who came. Three weeks later, he died peacefully on March 1st.

One of the visiting friends at the tribute celebration, Pen Faber, a senior thoracic surgeon from Chicago, asked "Do you think I can see him?" We went up the service elevators to Bob's 17th floor hospital room, overlooking the city he loved, and found him surrounded by 12 former trainees. Immediately, Bob asked "How's the patient doing?" Two weeks before, he had coached Pen by telephone from his bed on one of the toughest cases Pen had ever done, an anterior approach to a Pancoast tumor. The patient did well. Soon after, Bob asked us to leave so he could spend time with his family.

At Bob's funeral, his rabbi, family and friends told us how he always balanced his two most important goals: clinical excellence, and a flourishing happy family. It was an inspiring reflection, and all agreed he had succeeded.

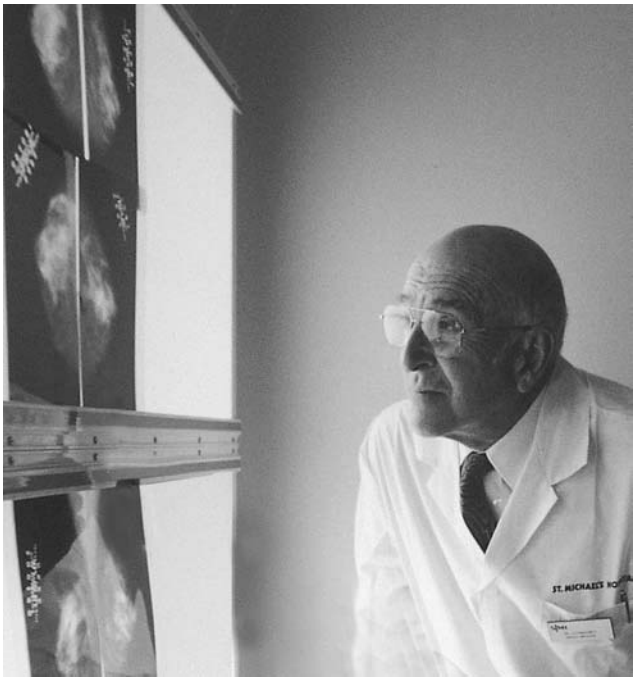
Bob served as Surgeon-in-Chief at Mt. Sinai Hospital in Toronto, and Chief of Thoracic Surgery at Memorial Sloan Kettering Cancer Center in New York City, among many important roles in the world of surgery. His return to Toronto as Chairman of Thoracic Surgery was a triumph for the department. A University Chair will be established in his name, through a fund initiated by those who attended the tribute dinner. Contributions can be made to the Robert J. Ginsberg Fund at the Toronto General Hospital Foundation.

The Department and the profession of surgery were enormously enriched by Bob Ginsberg's contributions. His legacy and spirit remain to inspire us. Our sympathies and thanks go to his wife Charlotte, and his children Karyn, David, and Jordan.

Martin McKneally

LEO JAMES MAHONEY

September 17, 1920 – February 27, 2003



Leo Mahoney, a long time member of the Department of Surgery at St. Michael's Hospital and University of Toronto, died on February 27th, 2003. Leo graduated from St. Michael's College, University of Toronto in 1942 with a BA in Biological and Medical Sciences and, as part of the accelerated medical training program in place throughout Canada during World War II graduated with his M.D. from the University of Toronto in 1944. He immediately entered the Armed Forces and served until 1946 as a Surgeon Lieutenant R.C.N.V.R.

In keeping with many graduates at that time Leo was not allowed to enter directly into the surgical training program as postgraduate places were reserved for individuals with overseas service and were apportioned on the basis of length of service. Many individuals went into general practice and "waited their turn" to get into postgraduate training. Leo was no exception and did general practice in Niagara Falls until July of 1947 when he entered the postgraduate training program at the University of Toronto, spending a year on Internal Medicine at the Christie Street Veterans Hospital and a second year in Pathology at the University of Toronto.

In July of 1949 he commenced his surgical training, which he completed in July of 1953 and then left as a McLaughlin Traveling Fellow returning to Toronto in 1954. He took up his position as a staff surgeon at St. Michael's Hospital but continued his academic

career obtaining a Master of Surgery Degree from the University of Toronto in 1958.

Leo's interests were diverse, but he had two primary interests – tetanus and malignancy.

Between 1955 and 1965, Leo pioneered the development of human tetanus serum and led the way in converting medical practitioners from horse serum to human serum for the prevention of tetanus. He began his clinical and basic science interest in oncology in 1963, developing a mechanical pump for the continuous infusion of intra-arterial chemotherapy which many of us remember was a mainstay of regional perfusion treatment for head and neck and limb cancers for many years.

Leo's major clinical interest and research interest became carcinoma of the breast. He pioneered investigations into the use of breast conserving surgery and was one of the first to champion the use of lumpectomy and adjuvant radiotherapy over radical mastectomy, demonstrating the equivalence of both methods of treatment in terms of recurrence rate and survival.

When I came to St. Michael's Hospital in 1973 Dr. Mahoney was already an established senior surgeon and had been appointed the Director of the Breast Diagnostic Clinic at St. Michael's Hospital, a position which he held for two decades.

Leo was an excellent colleague with an incisive mind and considerable skill in debate. He had a strong commitment to both undergraduate and postgraduate surgical education and felt it was important that all members of the hospital Department of Surgery support surgical education. He was a member of a strong Division of General Surgery, which had an excellent reputation for clinical care and teaching and he contributed a substantial amount of time to the division.

When he retired from active surgical practice he continued his interest in the diagnosis and treatment of breast cancer and continued for many years to provide outpatient care and non-surgical care for his patients. He was a tireless teacher of breast examination, both self-examination and physician examination, and developed an innovative model for the teaching of proper breast examination.

Leo Mahoney made many contributions to St. Michael's Hospital and the University of Toronto, Department of Surgery. His accomplishments as a father and a family man are well known to his friends and family and were outlined in the many obituaries of him, which appeared in the popular press. Less well known I believe were his many surgical contributions both to the University of Toronto and to surgery as a whole. I feel privileged to have known Dr. Mahoney, to have worked with him and to have counted him as one of my friends.

James Waddell

VIVIEN THOMAS YOUNG INVESTIGATOR AWARD

Paul Fedak

Paul Fedak recently won the Vivien Thomas Young Investigator Award of the American Heart Association, generally regarded as the highest honour a cardiac surgical resident can achieve in research. It is awarded to cardiothoracic, vascular surgery, or anesthesia residents during training, or up to five years after finishing training, for exceptional research in cardiovascular disease. Paul's work, and the focus of his PhD thesis, explores the role of TIMP-3, a tissue inhibitor of matrix metalloproteinases, in cardiac remodeling. The metalloproteinases are enzymes that degrade the structure of the heart as it thins and dilates in heart failure. Remodeling leads to progressive enlargement of the heart. The inhibitor decreases in the dilated failing heart and increases during the period of improvement in chamber size and function when patients are treated with a left ventricular assist device. As a potential new therapy, Paul is trying to stimulate the production of metalloproteinase inhibitor through stem cell transplantation into the heart. In his research he looked at human tissues, hamsters with dilated cardiomyopathy and TIMP-3 knockout mice. The unique, conclusive, significant finding is that this protein clearly regulates remodeling of the failing heart. The work has been published in the *American Journal of Physiology.* Paul is in his third year working in Richard Weisel and Ren-Ke Li's laboratory. He will continue his national and international collaborative studies on heart failure when he returns to the clinical service

this July for three more years of senior cardiac surgical residency. His work exemplifies the excellence of the surgeon-scientist program, and particularly the mentoring of Richard Weisel in critical thinking, communication, research excellence and career promotion of his trainees.

Paul and his wife Robyn Keinick, who is a corporate lawyer, are expecting a son in June. He enjoys spending time with his dog Marcus, a black Bouvier des Flanders. He recently read *Partners of the Heart*, the autobiography of Vivien Thomas, the brilliant laboratory assistant to Alfred Blalock after whom the award is named.

Martin McKneally

Vivien Thomas

Vivien Thomas was a young African-American honours student who worked as a carpenter to save money for medical school, a dream complicated by the Great Depression in which his hard-earned savings were lost. Thomas refused to give up, and pursued a temporary job as a lab technician at Vanderbilt University's medical school under the direction of a young surgeon named Alfred Blalock. Blalock hoped to create an animal model of pulmonary hypertension by shunting blood to the lungs through a subclavian to pulmonary artery anastomosis. Thomas possessed the technical skill and creativity that could translate Blalock's vision into reality. Some considered Thomas "the surgical glove on Blalock's experimental hand". A series of meticulous shunt experiments performed by Vivien Thomas revealed that the anastomosis could be successfully created, but it failed to produce pulmonary hypertension. Fortuitously, this novel observation established that one could surgically increase pulmonary blood flow without adverse consequences.

Pediatric cardiologist Helen Taussig and Blalock together recognized that many cyanotic infants with congenital heart defects died from poor pulmonary blood flow. In the early 1940's, a blue baby with a heart defect was considered beyond the aid of surgical repair. Open-heart surgery had not yet been invented. In 1944, Blalock performed the first Blalock-Taussig shunt in Baltimore. Perched over his right shoulder, Vivien Thomas carefully directed the technical conduct of the procedure that he pioneered. The operation was a success and led to the routine surgical palliation of many children with congenital cardiac defects. Blalock performed the procedure in the first 100 children with a mandatory request that Vivien always be present at his right shoulder. The advent of the Blalock-Taussig shunt is considered the dawn of the modern era in cardiac surgery.

Vivien Thomas worked alongside Blalock until Blalock's death in 1964. In the years to follow, Vivien Thomas, always eager to share his exceptional technical gifts, helped train a new generation of cardiac surgeons. In 1971, a portrait of Vivien Thomas was commissioned by a group of prominent surgeons, and it was placed alongside those of other surgical legends at Johns Hopkins University Hospital. In 1976, Thomas was awarded an honorary doctorate and a faculty position as an educator at Johns Hopkins. In 1979, upon his retirement, he became instructor emeritus of surgery. He died in 1985, but the legend of the talented and determined Vivien Thomas persists in the hearts and minds of cardiac surgeons around the world.

Paul Fedak

WHAT'S HUGH SCULLY UP TO NOW?

Hugh recently completed his term as president of the Canadian Medical Association. During that time, he brought about some unusual changes. He brought all the elements of the profession together around one theme: the task of ensuring the sustainability of health care in Canada. Task Force One on Physician Workforce was formed, co-chaired by Hugh and

Lorne Tyrrell (Dean, University of Alberta, President ACME). This group recommended the changes seen today in increased medical school enrollment. The goal for postgraduate education is to have 120 positions for every 100 medical school graduates in order to assure flexibility for change of specialty during training, to provide re-entry positions for physicians who choose to return from practice for further specialization, and to accommodate qualified international graduates for periods of observation in practice or full training. Task Force One has also paved the way for constructive partnerships at the workforce level with nursing, pharmacy, home care and the Canadian Health Care Association.

The Canadian Workforce study is critical for surgeons. It is a partnership of the physician organizations, the provincial and federal governments and the public for formulating a policy, including educational policy, working to balance needs with appropriate workforce, and defining the role of physicians in the force. Hugh feels that role will be much more team-oriented in the future. We don't educate students or residents in teams, except in the hidden curriculum of practical everyday life. There will be more crossover, more joint rounds, and more discourse between disciplines in the near future. Hugh feels that resistance to interdisciplinary education is far less at the young physician level and more entrenched at the level of department chairs and deans. He predicts a continued need for well-organized, integrated teams as the number of Canadians who are managed in chronic disease programs (renal, pulmonary, cardiac, mobility etc.) increases. Ratios of physicians per hundred thousand patients, still frequently quoted, is no longer an apt metric for planning and managing the healthcare workforce.

By meeting regularly with the Ministers of Health and Finance, the Deputy Prime Minister, and other members of the cabinet, Hugh and his colleagues have established the credibility of physician leaders as partners in planning health policy for the country. [My initial interview with him had to be cancelled because the budget was announced that day, and he was wanted in Ottawa for advice on how to spend the money]. Significantly, they have also established links with labour, the business community, the banks, and the First Nations as partners in health.

When I interviewed him for this issue, he was working on a talk to be given in Copenhagen in two weeks, before the World Federation of Medical Education, on International Migration of Physicians: Ethical Principles and Strategies for Recruitment, Retention and Repatriation. While physicians are no longer recruited from South Africa to Canada, we accept them and enable their entry into licensure and practice because of "the push factor". "When the probability of assault or worse is unacceptably high, physicians should not be forced to stay in their own country at personal risk. It is a global world, and migration of professionals has been part of it for all of our history. Ten thousand younger physicians migrated to the U.S. from Canada in the last decade."

Hugh is currently Co-Chair of Task Force Two, the Physician Workforce examining models of care and future requirement for physicians in the workforce. He is developing a communication grid for all sectors: nursing, homecare, dentistry, etc. He serves on the Health Policy Advisory Committee of the Society of Thoracic Surgeons and the American Association for Thoracic Surgery looking at the Cardiothoracic workforce, and represents Canada in international health organizations including the Council and Workforce Committee of the World Medical Association. On the fun side, Hugh has been elected to a third term as World Chairman of the International Council for Motorsports Science and Safety, an organization that has made significant contributions to the study of head injury, post injury syndromes and car and helmet design and safety in motorsports.

Martin McKneally

SCIENTISTS IN SURGERY

Approximately 15% of our surgical faculty are individuals who are non-MDs and work as full-time scientists. These individuals are significant contributors to the research effort of our Department. This section will endeavour to profile excellence in research among the scientists in our Department.

Cindi Morshead

Cindi Morshead is the most recent addition to the faculty in the Division of Anatomy, joining us as an Assistant Professor in the tenure stream on January 1, 2003. Cindi did her graduate work in the

Department of Anatomy, under the supervision of Dr. Derek van der Kooy, doing some of the first experiments that helped to identify and characterize adult neural stem cells. She then went on to postdoctoral training in neurobiology with both Dr. van der Kooy and Dr. Sam Weiss at the University of Calgary.

Cindi's research focus remains on understanding the regulation of neural stem cells in vivo, with the ultimate goal of exploiting the potential of these cells for neural repair and regeneration. She has received funding for this work from the Canadian Institutes of Health Research and the E.A. Baker Foundation of the Canadian National Institute of the Blind. Her work appears in top ranked research journals including Neuron and Nature Medicine. Over the last few years she has established international collaborations with stem cell biologists and is one of 12 scientists recently invited to join the Stem Cell Network, one of the Canadian Centres of Excellence.

In addition to her successes in the lab, Cindi is well known among the students in the MSB for her excellent teaching skills. Single-handedly, she developed and taught the anatomy course given in the new Radiation Sciences program; she has been a core member of the team teaching Neuroanatomy in the Brain and Behaviour Block of the undergraduate medical program; she is course director for Neuroanatomy in the Physical Therapy program and contributes to several other courses organized in the Division. To each of these assignments she brings a special insight, derived from her research background in neuroscience, that helps to stimulate and challenge her students.

Over the past few years, Cindi has established close collaborations with several of the surgeon scientists in the department in research projects that have the potential to make major advances in improving quality of life for CNS-damaged patients. She feels that the unique setting in the Department of Surgery provides her with an excellent opportunity to be at the forefront of basic research that translates to clinical practice.

NEW STAFF

Peter Ferguson

Peter Ferguson was appointed to the Division of Orthopaedic Surgery at Mount Sinai Hospital and Department of Surgical Oncology at Princess Margaret Hospital effective July 2002. Peter graduated from medical school at University of Toronto in 1994 and entered the orthopaedic training program at UofT. He subsequently entered the Surgeon-Scientist Program under the supervision of Bob Bell. He completed his Master's degree in 1998, studying the effects of fibroblast implantation to enhance wound healing in irradiated skin. This work won awards from the Canadian Society of Clinical Oncology and the Canadian Society for Clinical Investigation. Peter completed his orthopaedic residency in 2001, and was awarded the R. I. Harris Postgraduate Award as the top graduating resident in orthopaedic surgery, and the Donald R. Wilson Award as the best resident teacher in the Department of Surgery. Peter subsequently completed fellowships at Mount Sinai Hospital and at the Royal Orthopaedic Hospital in Birmingham, England. His clinical interest is in Musculoskeletal Oncology and his research focuses on tissue engineering techniques to enhance impaired wound and soft tissue healing.

Johnny Lau

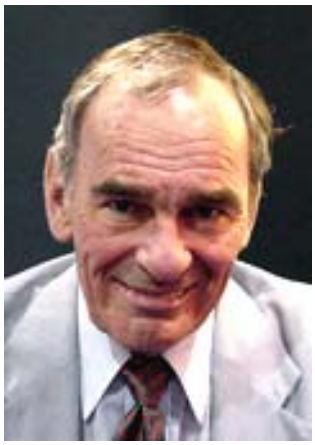
Johnny Lau is a graduate of the Department of Surgery, Division of Orthopaedic Surgery at the University of Toronto. During his residency he also completed the Surgical-Scientist program, obtaining a Masters of Science from the Institute of Medical Science. He also completed a one-year clinical fellowship at Union Memorial Hospital in

Baltimore, Maryland in foot and ankle reconstructive surgery. Dr. Lau is presently working at the Toronto Western Hospital, Division of Orthopaedic Surgery as a Surgeon-Investigator. He specializes in diseases of the foot and ankle.

Kenneth Pace

Kenneth Pace completed his Masters in Clinical Epidemiology and a Fellowship in Minimally Invasive Surgery with Eric Poulin at St. Michael's Hospital. He started at St. Michael's Hospital in July 2002 to build a Clinical Epidemiology Program in Stone and Endourology and Minimally Invasive Surgery.

HONORS/AWARDS/ ACCOMPLISHMENTS



Griff Pearson

Pearson, Griffith (ThorSurg) appointee Order of Canada, our country's highest honour for lifetime achievement. A surgeon, researcher and educator, he has played a key role in the establishment of thoracic surgery as a medical discipline. His work with diseases of the trachea, esophagus and thorax led to many innovations, including the 'Pearson procedure', a specialized esophageal reflux operation used internationally. In addition, he initiated the Respiratory Intensive Care Unit at the Toronto General Hospital where the first successful lung transplant in the world was performed. His pioneering work has educated a generation of thoracic surgeons and brought hope to millions of patients.

Alman, Benjamin (OrthSurg) has won the Arthur Huene Award of the Paediatric Orthopaedic Society of North America. Dr. Alman is the 4th Hospital for Sick Children winner of this major research award since the award's inception 13 years ago.

Drake, James (NeurSurg) has been appointed as Neurosurgeon-in-Chief at The Hospital for Sick Children effective March 1, 2003.

Kodama, Ronald (UrolSurg) organized the 3rd Annual Basic Science Course for PGY 1-3 residents. This year all Canadian urology programs sent residents to the course, which was held in Toronto. The topics were 'Pediatrics' presented by **Tony Khoury** (UrolSurg) and 'Infertility' presented by **Keith Jarvi** (UrolSurg).

McKee, Michael (OrthSurg) was the AO North American Visiting Professor at the University of Saskatchewan, Saskatoon in January 2003. He spoke about "Functional Outcome Following Fractures of the Clavicle" and "Treatment of Biceps Tendon Ruptures".

Dr. McKee, **Hans Kreder** (OrthSurg) and co-authors won the Edwin G. Bovill Jr. Award for Best Paper from the 2002 Annual Meeting of Orthopaedic Trauma Association for their paper entitled: "A Randomized Controlled Trial of Indirect Reduction and Percutaneous Fixation Versus Open Reduction and Internal Fixation for Displaced Intra-articular Distal Radial Fractures".

Rutka, James (NeurSurg) has also been appointed to the Editorial Board of *Pediatric Neurosurgery.*

Trachtenberg, John, (UrolSurg) co-chaired, along with Larry Goldenberg from UBC, the 12th Annual Issues and Controversies in Prostate Cancer at Whistler, BC.

Tymianski, Michael (NeurSurg) has received the Royal College Medal in Surgery from the Royal College of Physicians and Surgeons of Canada. He received this award for his project, "Treatment of Ischemic Brain Damage by Uncoupling NMDA Receptor – PSD-95 Protein Interactions". The medal will be presented at the Royal College's Annual Conference in Halifax in September 2003.

Zuker, Ronald (PlasSurg) was elected President of the American Society of Reconstructive Microsurgery at the Society's recent Annual Meeting

in Hawaii. His one-year term as President started in January 2003.

Bouchey, Robin (GenSurg Resident, Supervisor: D. Drucker) has received a Physicians' Services Incorporated (PSI) Foundation Award for his project: "Hypoglycemia and Defective Glucagon Secretion in Mice with a Targeted Disruption of the Gastrin Gene".

Fedak, Paul (CardSurg Resident, Supervisor: Ren-ke Li) has received a Physicians Services Incorporated (PSI) Foundation Resident Award for his project: "TIMP-3 Deficiency Induces Cardiac Remodeling and Failure.

Jain, Neelesh (GenSurg Resident, Supervisors: K.W. Johnston, M. Ojha & M. Cybulsky) has received a Physicians Services Incorporated (PSI) Foundation Award for his project: "Endothelial Dysfunction in Early Human Atherosclerosis: NF-kB Expression Patterns and Endothelial Cell".

Khadaroo, Rachel (GenSurg Research Resident, Supervisor: O. Rotstein) won the best resident research presentation at the Society of University Surgeons meeting in Houston, February 13-15, 2003 for her presentation regarding: "Mechanisms of Cellular Priming After Hemorrhagic Shock".

Powers, Kings (GenSurg Resident, Supervisor: O. Rotstein) won the Wyeth Resident Research Scholarship from the American College of Surgeons regarding her work on: "Toll-like 4 Receptors and Lung Injury After Hemorrhagic Shock".

Singhal, Ashutosh (NeurSurg Resident, Supervisor: A. Baker) has received a Physicians Services Incorporated Foundation (PSI) Foundation Award for his project: "Modifiable Clinical Factors Associated with Vasospasm: A Case-Control Study".

Tsai, **Eve,** (NeurSurg Resident, Supervisor: C. Tator) has won the 25th Annual International Residents Trauma Paper Competition for Basic Laboratory Science given by the American College of Surgeons. Dr. Tsai had won the local competition in November and the Eastern Canada Regional Competition in December. She was then selected by a multi tiered peer-review process to compete in the 2003 Residents Trauma Paper Competition, and won the competition for her project: "Novel Synthetic Grafts that Promote Axonal Regeneration and Functional Recovery After Spinal Cord Injury". The award was presented at the 81st Annual Meeting of the American College of Surgeons Committee on Trauma in Chicago, Illinois in March.

Verma, Subodh (CardSurg Resident) has been selected as a Finalist for the C. Walton Lillehei Competition at the American Association of Thoracic Surgery Meeting 2003. Dr. Verma will also co-chair 2 satellite symposiums at the ACC Lake Louise meeting on C-Reactive Protein and ACE Inhibitors.

Zadeh, Gelareh (NeurSurg Research Resident, Supervisor: A. Guha) has received a two-year Clinician Scientist Training Program (CSTP) fellowship from the Hospital for Sick Children.

Dr. Zaheh and **Eve Tsai** (NeurSurg Resident) are co-winners of this year's McKenzie Prize in Basic Science. They will receive their awards at the annual meeting of the Canadian Congress of Neurological Sciences in Quebec City, June 17-23, 2003.

GRANTS & FELLOWSHIPS

Backstein, David (OrthSurg) has received the John Insall Travelling Knee Fellowship, sponsored by the Knee Society, to take place in October 2003. This fellowship is an international competition for four candidates to travel to internationally recognized joint replacement and knee surgery centres.

Bagli, Darius (UrolSurg) co-principle investigator, who along with Kimberley Woodhouse (PI) and Mark Kortshott and Maurice Ringuette received a CIHR grant for $87,488 yearly (plus operating funds) for 3 years for their project entitled: "An Acellular Matrix Containing Bioactive Peptides for use in Bladder Reconstruction".

Guha, **Ab** (NeurSurg) has received a three-year Ontario Cancer Research Network Grant for his project: "Characterization and Identification of Oncogenic Receptor Protein Tyrosine Kinase Signaling Complexes as Potential Therapeutic Targets in Malignant Human Astrocytomas".

Marks, Paul (OrthSurg) has been selected with two US surgeons to represent North America for the American Orthopaedic Society for Sports Medicine (AOSSM) Travelling Fellowship Programme. The Fellowship Pacific Rim Tour goes to New Zealand, Thailand, Taiwan, South Korea and the Philippines. This Fellowship exchange will provide an opportunity to participate in Scientific Symposia presenting our research at the host Universities.

Muller, Paul (NeurSurg) has received two grant awards from the CIHR: One as principal investigator for his project entitled: "A Clinical Trial for the Optimization and Evaluation of Ala Fluorescence Detection of Malignant and Supratentorial Gliomas", and another as co-applicant on: "Pre-clinical Development, Optimization and Evaluation of Fluorescence-guided Resection and

Acute-and Metronomic-photodynamic Therapy as Therapeutic Options in Malignant Brain Tumours".

Pelletier, Marc (CardSurg) has been a successful applicant in the October, 2002 Faculty of Medicine's Dean's Fund New Staff Grant competition for his project: "The Influence of Post-myocardial Infarction Cytokines on Marrow Stromal Cell Transmigration".

Trachtenberg, John (UrolSurg), **Michael Jewett** (UrolSurg) co-investigators, and Paul Ritvo (PI), Andrew Mathew, Murray Krahn, and Jane Irvine received funding from the Canadian Prostate Cancer Research Initiative for their study entitled: "Couple's Decision-Making and Adaptation in Prostate Cancer Treatment"

Dr. Trachtenberg, **Sharon Sharir** (UrolSurg Resident) and Arjen Bogaards received an IDEA grant from NCIC for project titled: "Fluorescent Guided Radical Prostatectomy".

Kumar, Deepa (GenSurg Clinical Fellow) and Atul Humar, Department of Medicine have received a Physicians' Services Incorporated (PSI) Foundation Grant for their project: "Immunogenicity of Pneumococcal Conjugate Vaccine in Adult Allogeneic Stem Cell Transplant Recipients: A Trial of Pre-Transplant Donor Immunization".

Durocher, Daniel (Dept. of Medical Genetics and Microbiology) and co-applicants Michael Tyers (Dept. of Medical Genetics and Microbiology) and **Robert Gryfe** (GenSurg Resident) have received a three-year Ontario Cancer Research Network Grant for their project: " A Synthetic Lethal Approach to Cancer Therapy".

Verma, Subodh (CardSurg Resident) has received the following two grants as co-PI from the Heart and Stroke Foundation of Canada: (1) "LOX-1: Linking Inflammation to Atherosclerosis" (PI - D.A.G. Mickle, $67,000 per year 2003-2005) and (2) "Stem Cells and Restenosis: Defining the New Paradigm" (PI – R.D.Weisel, $71,000 per year 2003-2005).

Dr. Verma has been selected as a finalist for the American Heart Association Irvine H. Page Vascular Biology Young Investigator Award to be presented at the Ateriosclerosis Thrombosis and Vascular Biology Meeting, May 2003.

In addition, Dr. Verma will Co-chair the New Frontiers Meeting on Vascular Protection during the American College of Cardiology Meeting 2003.

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS DEADLINES

A list of deadlines is available on the Royal College website, http://rcpsc.medical.org to help residents avoid delays and the consequences of missing the earliest opportunity of appearing at the College examination. For application forms and information contact the Royal College of Physicians and Surgeons of Canada, 774 Echo Drive, Ottawa, Ontario, K1S 5N8 or call 1-800-668-3740.

The deadline for the June issue of the Surgery Newsletter is **May 15, 2003**. All members of the Department are invited to submit news items, articles, pictures, ideas or announcements. You may reach us

voice mail: 978-8177, *fax:* 978-3928 *or*

e-mail: jean.defazio@utoronto.ca.

Please provide your name and telephone number so that we may contact you if we have any questions.

The Department of Surgery
Banting Institute
100 College Street
Room 311
Toronto, Ontario
M5G 1L5

Editor: Martin McKneally
Phone: 416-946-8084
Pager: 416-360-9308
Fax: 416-978-1911
E-Mail: martin.mckneally@utoronto.ca

Assistant Editor: J. De Fazio
Phone: 416-978-8177
Fax: 416-978-3928
E-Mail: jean.defazio@utoronto.ca